



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 9, 2018

Ms. Loriann Putzier,
President & COO
Tithonus Bedford LP
C/O Integracare Corporation
6600 Brooktree Court, Suite 1000
Wexford, Pennsylvania 15090

RE: Colonial Courtyard at Bedford
220 Donahue Manor Road
Bedford, Pennsylvania 15522
Certificate #: 329480

Dear Ms. Putzier:

As a result of the Department of Human Services' licensing inspection on March 9, 2018 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 32948 - 03/09/2018 - Hoover, Douglas
PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 12/17/16, was completed more than a year after the prior medical evaluation, dated 7/13/15.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached, Page 2A of 4. *sc*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Nunelle Poor, PAJ, PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Nunelle Poor, Executive Director

Date *4/6/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *4-6-18*
(Date)

Plan of correction implementation status as of *4-6-18*
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *sc*
(Initials)

Violation Report: 32848 - 03/09/2018 - Hoover, Douglas
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2800

2800.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The initial assessment for Resident #1 was dated [redacted] 15. The next annual assessment for Resident #1 was completed on 12/25/16.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached, Page 3A of 4 -ge

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nannelle Poor, PAI, PCHA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Nannelle Poor, Executive Director

Date *4/6/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *4-6-18*
 (Date)

Plan of correction implementation status as of *4-6-18*
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *ge*
 (Initials)

Community Name: Colonial Courtyard at Bedford

License Number: 329480

Date of Visit: March 9, 2018

Date of Submission: April 6, 2018

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- 8. **Violation Review: 2600.225(c)** – The resident shall have additional assessments as follows:
 - (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

- 9. **Violation Interpretative Statement:** The initial assessment for Resident #1 was dated [REDACTED] 15. The next annual assessment for Resident #1 was dated 12/25/16.

- 10. **Benefit of the Regulation, per RCG:** Allows homes to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.

- 11. **Description of the repair of the immediate problem:** A chart audit of all assessments was completed on 3/20/18 to ensure assessments were completed in compliance of the regulations. Any outstanding assessments were immediately completed.

- 12. **Prevention of future occurrences:** All assessments will be completed annually, upon a significant change, and/or at the request of the Department. A tracking system has been implemented to ensure all assessments are completed in accordance with the regulation. Assessment due dates will be documented on a written calendar.

- 13. **Position Responsible:** The Director of Resident Care or Designee will complete assessments on all residents annually, upon a significant change, or at the request of the Department. The Executive Director will utilize the tracking calendar to confirm assessments are completed according to the regulation.

- 14. **Date for correction to be completed:** 4/6/18

Authorized Signature [Handwritten Signature]

Date: 4/6/18

Violation Report: 32948 - 03/09/2018 - Hoover, Douglas
 PCH Name: COLONIAL COURTYARD AT BEDFORD

1. REGULATION 55 Pa.Code §2800

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

The initial support plan for Resident #1 was dated [redacted] 15. The annual support plan for Resident #1 was not revised until 12/25/16.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see attached, Page 4 A of 4. -ee

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Danielle Poor, RA, PCHA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Danielle Poor, Executive Director

Date *4/6/18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *4-6-18*
 (Date)

Plan of correction implementation status as of *4-6-18*
 (Date)

The above plan of correction was approved by *ee*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

PLAN OF CORRECTION TEMPLATE

Page 4A of 4

Community Name: Colonial Courtyard at Bedford

License Number: 329480

Date of Visit: March 9, 2018

Date of Submission: April 6, 2018

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1. **Violation Review: 2600.227(c)** -- The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs.
2. **Violation Interpretative Statement:** The initial support plan for Resident #1 was dated [REDACTED] 15. The annual support plan for Resident #1 was not revised until 12/25/16.
3. **Benefit of the Regulation, per RCG:** Ensures that each resident's needs are met, and that accountability for meeting those needs is firmly established.
4. **Description of the repair of the immediate problem:** A chart audit of all support plans was completed on 3/20/18 to ensure support plans were completed in compliance of the regulations. Any outstanding support plans were immediately completed.
5. **Prevention of future occurrences:** All support plans will be completed within 30 days of admission for all new residents. A tracking system has been implemented to ensure support plans are completed in accordance with the regulations. Support plan due dates will be documented on a written calendar.
6. **Position Responsible:** The Director of Resident Care or Designee will complete support plans on all residents annually, upon a significant change, or at the request of the Department. The Executive Director will utilize the tracking calendar to confirm assessments are completed according to the regulation.
7. **Date for correction to be completed:** 4/6/18.

Authorized Signature

M. Sullivan, DO, PA, RCHA

Date:

4/6/18

Plan of Correction Template

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